



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR COLEEN J. SENG

lincoln.ne.gov



March 2, 2005

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the applications of Kwik Shop Inc. Kwik Shop Inc, has requested that they following Kwik Shop locations upgrade their current liquor license from class B to Class D liquor licenses.

This request will allow these locations to sell Spirits, Wine & Beer, off sale only.

The locations are as follows:

2330 North 1<sup>st</sup> Street  
2710 'W' Street  
2940 North 14<sup>th</sup> Street  
3301 Holdrege Street  
4400 Cornhusker Highway  
5900 Fremont Street

Ownership of the establishment has not changed, and background information is being omitted but is available for review on Councils' request.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR COLEEN J. SENG

lincoln.ne.gov



March 14, 2005

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Kwik Shop Inc. Kwik Shop requests the following locations upgrade their current liquor licenses from a class B to a class D liquor license.

This request will allow these locations to sell Spirits, Wine & Beer, off sale only.

The locations are as follows:

4750 Calvert Street  
1111 North Cotner Blvd.  
5600 Holdrege Street  
2040 South 56<sup>th</sup> Street

Ownership of the establishment has not changed, and background information is being omitted but is available for review on Councils' request.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

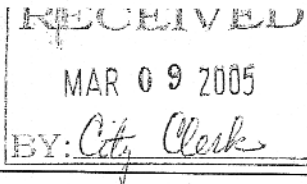


A nationally accredited law enforcement agency





Dave Heineman  
Governor



PH: 4405  
STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

March 8, 2005

Lincoln City Clerk  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508

RE: License for D #67237

Dear Local Governing Body:

Kwik Shop, Inc  
dba Kwik Shop, #662  
2040 So. 56 St. Class D

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION  
Jackie B. Matulka  
Licensing Division

Enclosures Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

Local-jbm

upgrading

**APPLICATION FOR LICENSE**

Nebraska Liquor Control Commission  
PO Box 95046,  
301 Centennial Mall South  
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>  
Phone: (402) 471-2571  
Fax: (402) 471-2814

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**INSTRUCTIONS:** Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application and required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4148-3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk ( \* )

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH**

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)		
1. Individual License requires Form 1 to be attached.		
2. Partnership License requires Form 2 to be attached.		
<input checked="" type="checkbox"/> 3. Corporate License requires Forms 3 and Manager Application to be attached		
	Name Rosalind R. Sells	
	Firm Name Kwik Shop, Inc.	Address 8942 Blondo Street Omaha, NE 68134

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NEBRASKA  
LIQUOR  
COMMISSION

SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants			
Trade Name (name of business) Kwik Shop #662		Telephone Number at premise to be licensed 402-489-7834	
1) Street Address of Proposed licensed premise 2040 S 56th Street		2) Mailing Address for receipt of Liquor Control Commission mailings 8942 Blondo Street	
City Lincoln	County Lancaster	City Omaha	County Douglas
Zip Code 68506	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code 68134	

## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

☒ 1 Story Building  
Entire Building is 55' x 51' = 2780  
Retail Space is 55' x 40' = 2200

Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

*Please see attached layout of store!*

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments
		Yes	No	Note: Only what is visible on screen will be printed
<p>* 1. <b>READ CAREFULLY.</b> Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>		Yes	<input checked="" type="radio"/> No	
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>		Yes	<input checked="" type="radio"/> No	<p>RECEIVED</p> <p>FEB 24 2005</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>		Yes	<input checked="" type="radio"/> No	<p>Replacing</p> <p>26517</p>
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>		Yes	<input checked="" type="radio"/> No	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>		Yes	<input checked="" type="radio"/> No	

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	<p>RECEIVED FEB 24 2005 NEBRASKA LIQUOR CONTROL COMMISSION</p>
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Pinnacle Bank Depository Only Beer and Liquor deliveries will be paid with a money order</p>	
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>Please see attached Exhibit "D"</p>	
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Mary Hoage / Distict Advisor On premise supervision will be 5 Plus hours. Constant supervision of developing and training Managers.</p>	

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	"We Card Program" as training guide for all new employees. Kwik Shop also utilizes a program called BARS to perform compliance checks on employees once a month. Any employee that receives a citation from an outside agency is termed
--	---

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	Please see attached Exhibit "E"
--	---------------------------------

15. When do you intend to open for business?	Buisness is currently open and has a Beer license.
--	--

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Michael Hoffmann	2001	Present	Hutchinson, KS
	1998	2001	Lancaster, Pa
	1994	1998	Temple, TX
	1970	1994	Houston, TX
	1953	1970	New Brunsfels, TX

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Ronald Stewart	2003	Present	Hutchinson, KS
	1994	2003	Midland, Texas
	1990	1994	Dallas, Texas
	1987	1990	Albuquerque, Texas
	1986	1986	El Paso, Texas
	1983	1986	Kileen, Texaz



The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

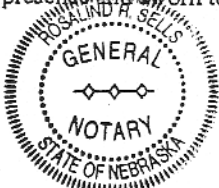
Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here Michael Hoffmann  
Michael Hoffmann, President  
Sign Here Ronald Stewart  
Ronald Stewart, Sr. Vice President  
Sign Here \_\_\_\_\_  
Sign Here \_\_\_\_\_

Sign Here Karen Hoffmann  
Karen Hoffmann, Spouse  
Sign Here Edwina Stewart  
Edwina Stewart, Spouse  
Sign Here \_\_\_\_\_  
Sign Here \_\_\_\_\_

RECEIVED  
FEB 24 2005  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Subscribed in my presence and sworn to before me this 11<sup>th</sup> day of Feb., 2005



(SEAL)



MY COMMISSION EXPIRES

May 11, 2007  
In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign here Rosalind Sells  
Notary Public Signature  
MY COMMISSION EXPIRES May 11, 2007

FORM 35-4010

1  
REV 1/01

## Application for Corporate Manager

**\*Must Be A Nebraska Resident\***

**Please submit in Triplicate**

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk ( \* )

### LIQUOR LICENSE INFORMATION

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Name of Licensed Corporation

Kwik Shop, Inc. \*

Class & License number

FEB 24 2005

Trade Name of Licensed Premise

Kwik Shop #662 \*

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address of Licensed Premise

2040 S 56th Street \*

City

Lincoln \*

County

Lancaster \*

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

Michael Hoffmann, President, Kwik Shop, Inc.

### APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Hoage, Mary, Elizabeth, Morton \*

Sex \*

F M  
X

Social Security Number

\_\_\_\_\_ \*

Date of Birth

\_\_\_\_\_ \*

Place of Birth

Lincoln, Nebraska \*

Home Street Address

11120 N 136th Plaza \*

City

Waverly \*

County

Lancaster \*

State

NE \*

Zip Code

68462 \*

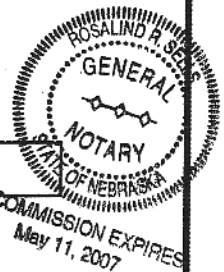
Home Telephone Number

402-786-5804 \*

Business Telephone Number

Drivers License Number

State



402-486-3120

NE \*

Are You Married? \* ☒ Yes No If Yes, You must complete the following:

## SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Hoage, Daniel, Lee

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

Lincoln, Nebraska

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NEBRASKA LIQUOR  
CONTROL COMMISSION

\* 1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes

☒ No

\* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ Yes

No

PLEASE SEE EXHIBIT H

\* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes

☒ No

\* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

☒ Yes

No

\* 5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?

Yes - In September "2003"

☒ Yes ☐ No**RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

Year

From To

Applicant: City &amp; State

Waverly, Nebraska 99 Present

Spouse: City &amp; State

Waverly, Nebraska 99 Present

Year

From To

Applicant: City &amp; State

Daviey, Nebraska 95 99

Spouse: City &amp; State

Daviey, Nebraska 95 99

Year

From To

Applicant: City &amp; State

Lincoln, Nebraska 60 95

Spouse: City &amp; State

Lincoln, Nebraska 60 95

Year

From To

Applicant: City &amp; State

Spouse: City &amp; State

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

Year

From To

Name of Employer

Kwik Shop, Inc 78 Present

Name of Supervisor

Telephone Number

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FEB 24 2005

NEBRASKA LIQUOR  
CONTROL COMMISSION

Jimmy Lewis		402-391-1808	
Name of Employer		Year	
Bethany Pantry		From	To
		76	78
Name of Supervisor		Telephone Number	
Joe Price		402-466-8207	
<b>PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT &amp; SPOUSE</b>			

STATE OF NEBRASKA )

) SS

COUNTY OF

) SARPY

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

*Mary E. Hoage*  
Signature of Applicant  
Mary E. Hoage

Subscribed in my presence and sworn to before me this  
22nd day of Feb. 2005

*Daniel L. Hoage*  
Signature of Spouse (if applicable)

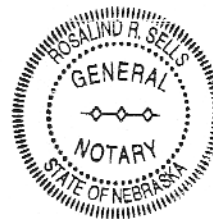
Daniel L. Hoage  
Subscribed in my presence and sworn to before me this  
22nd day of Feb. 2005

*Rosalind R. Sells*  
Notary Signature & Seal



MY COMMISSION EXPIRES  
May 11, 2007

*Rosalind R. Sells*  
Notary Signature & Seal



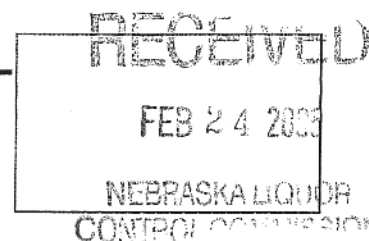
MY COMMISSION EXPIRES  
May 11, 2007

FORM 35-4013

# **Corporation/LLC Application for License - Form 3** Nebraska Liquor Control Commission

**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
  - 2) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock, **b)** chief executive officer, **c)** proposed manager and **d)** all spouses
  - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk ( \* )



Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Kwik Shop, Inc. / DBA: Kwik Shop #662\*

Total Number of Shares (if corporation)

0 \*

Corporate Street Address

734 East 4th Ave.-Hutchinson, KS \*

Mailing address for receipt of Liquor Control Commission Mailings

8942 Blondo Street \*

Corporate Telephone Number

402-391-1808 \*

City

Omaha \*

County

Douglas \*

State

NE \*

Zip Code

68134 \* - 6118

Name of Registered Agent

CT Corporation \*

Name of Proposed Manager

Mary E. Hoage (District Advisor) \*

## **IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name

Michael Hoffmann \*

Title

President \*

Date of Birth

           \*

Social Security Number

           \*

Home Address (1)

2401 Hawthorne Lane \*

City

Hutchinson \*

State

KS \*

Zip Code

67502 \* -           

Home Telephone Number

620-665-1464 \*

## **PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**

Name of Officers, Directors, Members and Spouses.  
**Give Last Name, First Name, Middle, Maiden,  
and any aliases**

Social Security  
Number

Date of Birth

Title

Name

Hoffmann, Michael

President

Spouse Name

Hoffmann, Karen, Ann, Lanoux, Blakeman

Partner Number of Shares / % 0

Spouse Number of Shares / % 0

Name of Officers, Directors, Members and Spouses.  
**Give Last Name, First Name, Middle, Maiden,  
and any aliases**

Social Security  
Number

Date of Birth

Title

Name

Stewart, Ronald

Spouse Name

Stewart, Edwina, Elizabeth, Arrellano

Partner Number of Shares / % 0

Spouse Number of Shares / % 0

Name of Officers, Directors, Members and Spouses.  
**Give Last Name, First Name, Middle, Maiden,  
and any aliases**

Social Security  
Number

Date of Birth

Title

Name

Kroger, Inc.

100% Stock holders / 1000 authorized shares

Spouse Name

Partner Number of Shares / % 100%

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.  
**Give Last Name, First Name, Middle, Maiden,  
and any aliases**

Social Security  
Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / %

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.  
**Give Last Name, First Name, Middle, Maiden,  
and any aliases**

Social Security  
Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / %

Spouse Number of Shares / %

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes

☒ No

Name of control Corporation

Kwik Shop, Inc.

RECEIVED

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LLC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and corporations owning more than 25% stock and listing of the percentage of stock owned.

FEB 24 2005

Please indicate below your corporate tax year with the IRS

Starting date: 1/31 Ending date: 1/31

NEBRASKA LIQUOR  
CONTROL COMMISSION

State of Nebraska

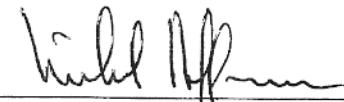
)

) ss.

Sarpy County

)

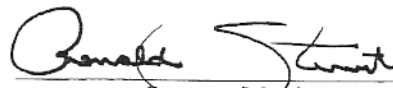
  
Notary Public Signature & Seal

By   
President/Member  
Michael Hoffmann, President



Notary Public with ADA, this form is available in other languages for persons with disabilities. A ten day advance notice must be requested in writing to produce the alternate form.

MY COMMISSION EXPIRES  
May 11, 2007

  
Secretary/Member  
Ronald Stewart, Sr. Vice President

FORM 35-4183  
REV. 02/01